2700 INTERNAL TRANSFEI		e in blue slip area) S.N. 09 /2	USPTO
700 NIERNAL TRANSPER	K REQUEST FOR		1)87/
DATE: 09/14/0	FROM:	PRIMARY EXAMINE	(print name)
	REASON(S):		
FORWARD TO:	A. You had Parent	(check bo	x)
A. Art Unit: 2664	B. See Title	(check bo	×)
3. Class: 370	C. See Abstract	(check bo	×)
C Subclass:	D. See Claim(s):		
URTHER EXPLANATION IF NEI	EDED: CA	m direid	ed bo
			9 10
Swite	h SIN		
DATE:	FROM:		(print name)
	REASON(S):		
FORWARD TO:	A. You had Parent	(check bo	x)
A. Art Unit:	B. See Title	(check bo	x)
B. Class:	C. See Abstract	(check bo	ox)
C Subclass:	D. See Claim(s):		
FURTHER EXPLANATION IF NE			
FORTHER EXICENTATION III			
DATE:	FROM:		(print name)
	REASON(S):		
FORWARD TO CLASSIFIER	A. You had Paren	t (check b	ox)
	B. See Title	(check b	ox)
	C. See Abstract	(check b	ox)
	D. See Claim(s):		
FURTHER EXPLANATION IF NE	W-9-2		
FURTHER EXPLANATION IF NO	EDLU.		
DISPOSITION BY 2700 CL	ASSIFICATION		
DATE:	CLASSIFIER:		
	REASON(S):		
FORWARD TO:	A. You had Parer	nt (checit l	oox)
A. Art Unit:	B. See Title	(check I	oox)
B. Class:	C. See Abstract	(check	oox)
C Subclass:	D. See Claim(s):		i e